



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

HOUSTON PAIN & INJURY  
604 PENNY LANE  
FRIENDSWOOD TEXAS 77546

DWC Claim #:  
Injured Employee:  
Date of Injury:  
Employer Name:  
Insurance Carrier #:

#### **Respondent Name**

METROPOLITAN TRANSIT AUTHORITY

#### **Carrier's Austin Representative Box**

Box Number 19

#### **MFDR Tracking Number**

M4-11-3213-01

#### **MFDR Date Received**

May 20, 2011

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "All information required was sent."

**Amount in Dispute:** \$184.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "CPT code 99213 was denied as documentation does not support the level of service required for this CPT code. The CPT code 9913 requires 2 of the 3 components listed above be met. There is no examination nor medical decision making made and/or documented... CPT code 97140 remained denied with ANSI reduction code of 16... CPT code 97150 was denied with ANSI reduction code of 50... The respondent maintains its position that reimbursement was made in accordance with the TDI-DWC rule 134.203."

**Response Submitted by:** Starr Comprehensive Solutions, Inc.

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 15, 2011	99213, 97140 and 97150	\$184.00	\$70.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, sets out the fee guidelines for professional medical services provided on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

#### **Explanation of benefits**

- 150 – Payment adjusted because the payer deems the information submitted does not support this level of service.

- 16 – Documentation does not support billed services.
- 150 – Documentation submitted does not support the level of service required for code 99213. Two of these components must be documented: a expanded problem focused history; a expanded problem focused examination; medical decision making of low complexity.
- 150 – Physical medicine rules require that all timed modalities be supported with timed documentation, must report time for each modality or cumulative tie for all modalities. In the case of group therapy (untimed), documentation must identify the specific treatment technique(s) used in the group. The number of persons in the group must also be documented.
- 16 – Documentation submitted supports 5 min of exercise. Physical therapy rules require 8 min which equals 1 unit. No description of 97140 service provided.
- W3 – Additional reimbursement made on reconsideration
- 193 – Original payment decision is being maintained. This claim was processed properly the first time.
- 16 – Documentation supports 60 total minutes. The appropriate # of units allowed is 4 units. If more than one 15-minute timed CPT code is billed during a single calendar day, the total number of timed units that can be billed is constrained by the total treatment minutes for that day. 4 units of 97110 was reimbursed.

## **Issues**

1. Did the requestor meet the documentation requirements for CPT code 99213?
2. Did the requestor bill in conflict of the NCCI edits?
3. Did the requestor meet the documentation requirements for modifier -59?
4. Is the requestor entitled to reimbursement?

## **Findings**

1. 28 Texas Administrative Code §134.203 states in pertinent part, “(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.”
  - The requestor submitted sufficient documentation to support the billing of CPT code 99213. The Division fee guideline reimbursement is \$111.42. The requestor seeks \$70.00, this amount is recommended.
2. 28 Texas Administrative Code §134.203 states in pertinent part, “(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.”
  - NCCI edits were run to identify if the disputed charges contain edit conflicts.
  - Per CCI Guidelines, Procedure Code 97110 has a CCI conflict with Procedure Code 97150. Review documentation to determine if a modifier is appropriate
  - Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97150. Review documentation to determine if a modifier is appropriate.
3. The CPT Manual defines modifier -59 as follows: Modifier -59: "Distinct Procedural Service: Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries)not ordinarily encountered or performed on the same day by the same physician. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used.”
  - The requestor did not meet the documentation requirements for appending modifier -59, as a result reimbursement cannot be recommended for CPT codes 97140 and 97150.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$70.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$70.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### **Authorized Signature**

_____	_____	July 12, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**